

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020213

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2768 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in lb <u>2 DAYS</u> | c. CITY OR TOWN <u>Walnut</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>LeeRoy</u> Middle <u>Belle</u> Last <u>MARTIN</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11.7.1870</u> 9. AGE (last birthday) <u>92</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker at home Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ray County, Missouri</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>Harrison Hamer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances McCuiston</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Charles Whitney Martin</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>Robert Martin 6801 Crisp</u> | | 17. INFORMANT <u>Robert Martin 6801 Crisp</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture Hip</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>fell on floor</u> | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>5-7-63</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Walnut</u> COUNTY <u>Crawford</u> STATE <u>Kansas</u> | | 21. I attended the deceased from <u>5-8-63</u> to <u>5-10-63</u> and last saw her alive on <u>5-10-63</u> Death occurred at <u>9:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>James C. Baker DO</u> (Degree or title) | | 22b. ADDRESS <u>711 Bryant Bld</u> | |
| 22c. DATE SIGNED <u>5-10-1963</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 23b. DATE <u>May 13, 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Walnut</u> (State) <u>Kansas</u> | | 24. FUNERAL DIRECTOR <u>D. H. Newcomer's Sons, Kansas City, Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>5-13-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

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James C. B. Olin MEDICAL CERTIFICATION

DOCUMENT Family Bible Record

BY AFFIDAVIT OF Informant

ITEM NO.

3

LeeRoy Belle Martin

13b

Pernettey Frances McCuiston

23c

Glenwood Cemetery

Mr. James C. Broun
711 Bryant Blvd. 4 PM.

9 5 4 0 4 2 2 3

3 JUL 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Louis Quest

Licensed Embalmer No.

4096

P. O. Address

K. E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.